

Name
in
Full

Howard A Brightwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Raccon ^{County} Branch CarrollDate of death 1905 May 30th Age 23 Months 2 DaysSex Male Color or Race Caucasian Birth-place ^{near} Liberty Coper

Occupation Farm Hand Where Residing if not at place of death Watersville

Married, Single or Widowed Single Name of Wife or Husband

Father's Name James B Brightwell

Father's Birthplace Liberty

Mother's Maiden Name Emma R Stultz

Mother's Birthplace Middleburg

Name of person giving information Joseph Wagoner

How related to deceased None at all

CAUSES OF DEATH

Primary Suicide

How long Six days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? they are

Signature of Physician

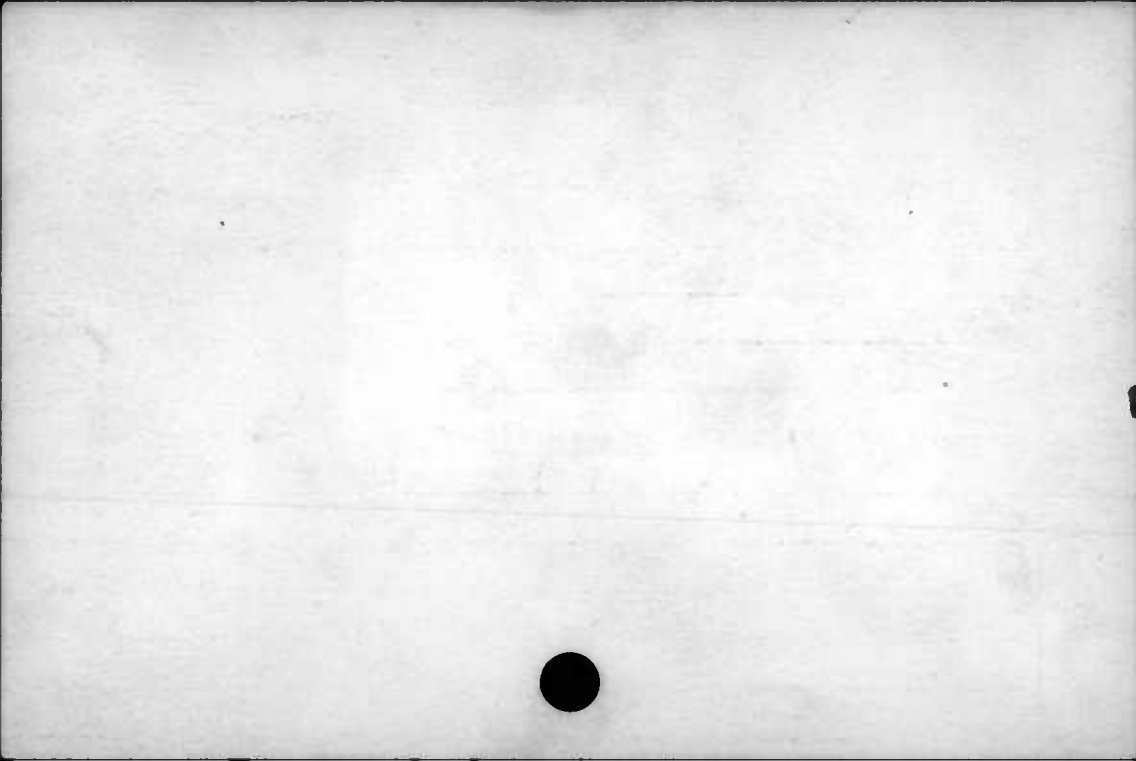
Address Mt Airy Md

Accident or Suicide?

What? 2/28/11

Chas E Haines

PHYSICIAN
OR CORONER



Name
in
Full

Sarah Elizabeth Browning ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Sykesville*

Towa

County

Carroll

Date

of death *1905*

Month

May

Day

29

Years

60

Months

3

Days

7

Sex

*Female*Color or
Race*White*Birth-
place*Sykesville*

Occupation

*House Keeper*Where Residing if not
at place of deathMarried, Single
or Widowed*Widow*Name of Wife or
Husband*—*Father's
Name*John Thompson*Father's
Birthplace*Howard Co*Mother's
Maiden Name*Rebecca Shipley*Mother's
Birthplace*Carroll Co*Name of person giving
In formation*Wm E. Brown*How related
to deceased*No*

CAUSES OF DEATH

Primary

Uterine Carcinoma

How long

About 2 yrs

Immediate

Effects of same

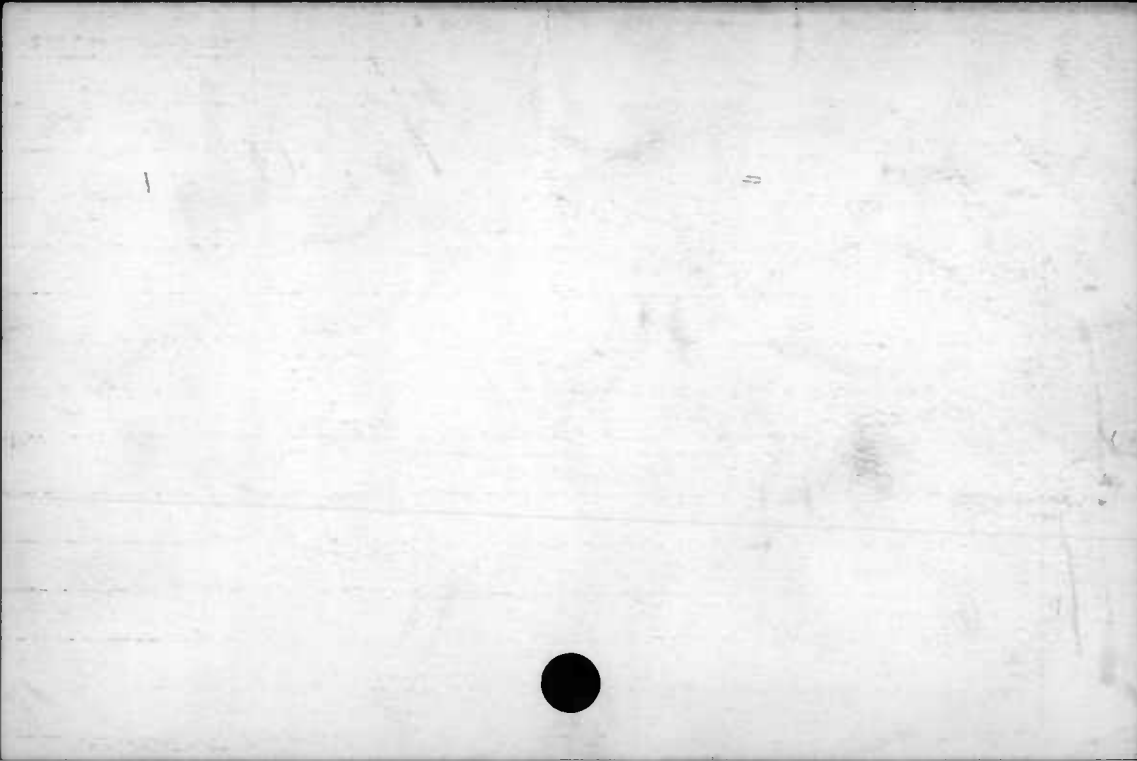
How long

*About 1 mo*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*C. H. Stenger**Sykesville
Md.*

Accident or Suicide?



Name

in
Full

Albertine Clayton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Sykesville* Town *Carroll* CountyDate of death *1905* *5* *15* *31* Months DaysSex *Male* Color or Race *White* Birth-place *N.Y.*Occupation *R.R. Engineer* Where Residing if not at place of deathMarried, ~~Single~~ *or Widowed* Name of Wife or Husband *Mrs Albertine Clayton*Father's Name *?* Father's Birthplace *?*Mother's Maiden Name *?* Mother's Birthplace *?*Name of person giving information *Hosp. history* How related to deceased

CAUSES OF DEATH

Primary *General Paralysis* *1* How long *20 months*Immediate *General Debility* How long *2 weeks*

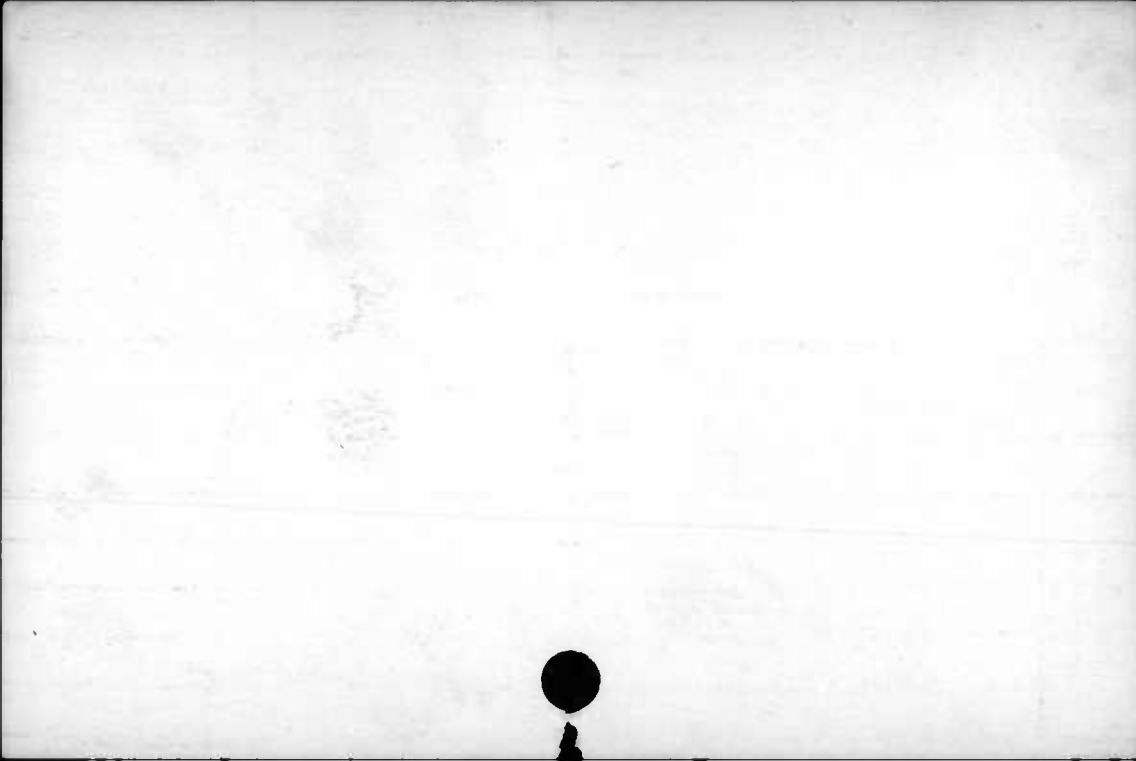
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *H.C. Storr M.D.*

Address

Sykesville
Md

Accident or Suicide?



Name
in
Full

Infant of Allen Collins

CERTIFICATE OF DEATH

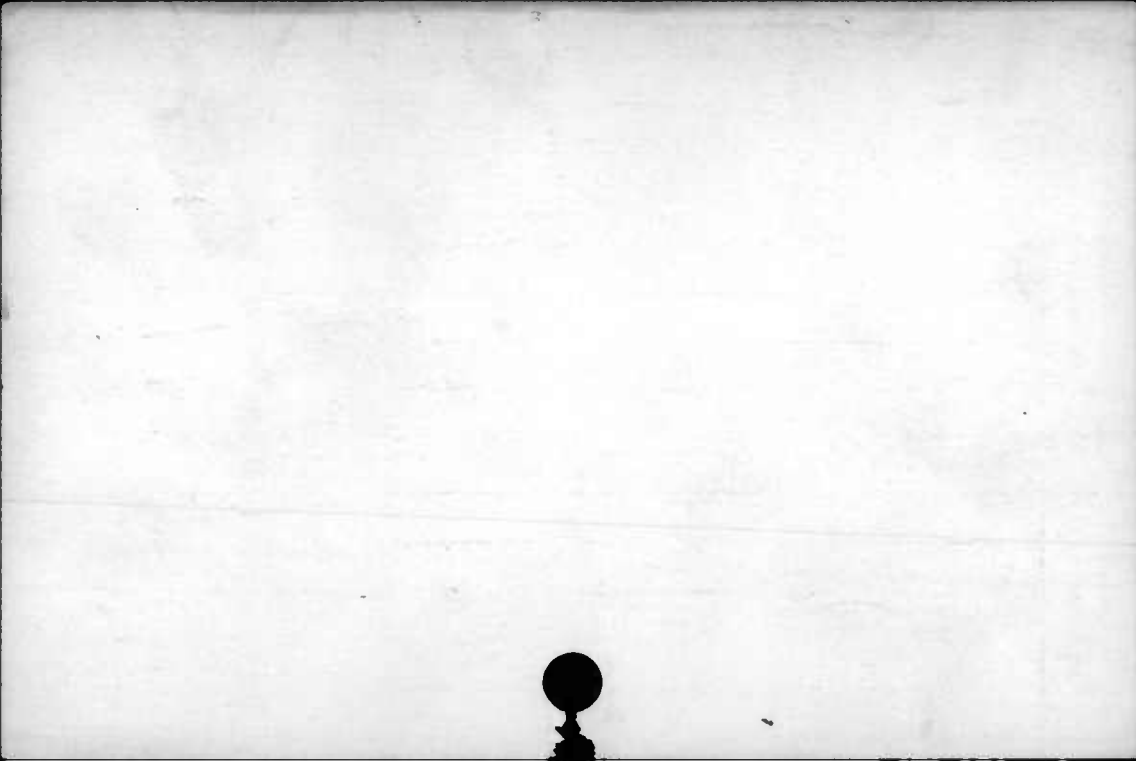
TO BE ANSWERED BY
NEAREST FRIEND

Died ^{near} <i>Johnsville</i> Town		County <i>Carroll</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>31</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>same</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Allen Collins</i>			Father's Birthplace <i>md.</i>		
Mother's Maiden Name <i>Hanna Gosnell</i>			Mother's Birthplace <i>md.</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	How long <i>S.</i>
Immediate <i>Evidently dead some days.</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>MD Morris</i>
	Address <i>Eldersburg</i>
Accident or Suicide? <i>—</i>	<i>md.</i>



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i>		County <i>Carroll</i>			
Date of death <i>1905</i>	Month <i>May</i>	Day <i>30</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>—</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Chas. T. Coppenhaver</i>			Father's Birthplace <i>Carroll Co</i>		
Mother's Maiden Name <i>Elizabeth Leffert</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Chas. T. Coppenhaver</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born</i>	How long <i>9.</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>—</i>	Signature of Physician <i>Jos. J. Hing</i>
	Address <i>Westminster</i>
Accident or Suicide? <i>—</i>	<i>M 9</i>



Name
in
Full

Catharine Jeanniah Currens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lincoln ^{Town} Carroll ^{County} MARYLAND

Date of death 1905 ^{Month} May ^{Day} 14 ^{Age} — ^{Years} — ^{Months} — ^{Days} 3

Sex Female Color or Race White Birth-place Lincoln, Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name William A. Currens Father's Birthplace Adams Co., Pa

Mother's Maiden Name Sallie Shaefer Mother's Birthplace Md

Name of person giving information Merby C. Shets How related to deceased none

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Eclampsia Infantum How long 12 hours

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above?

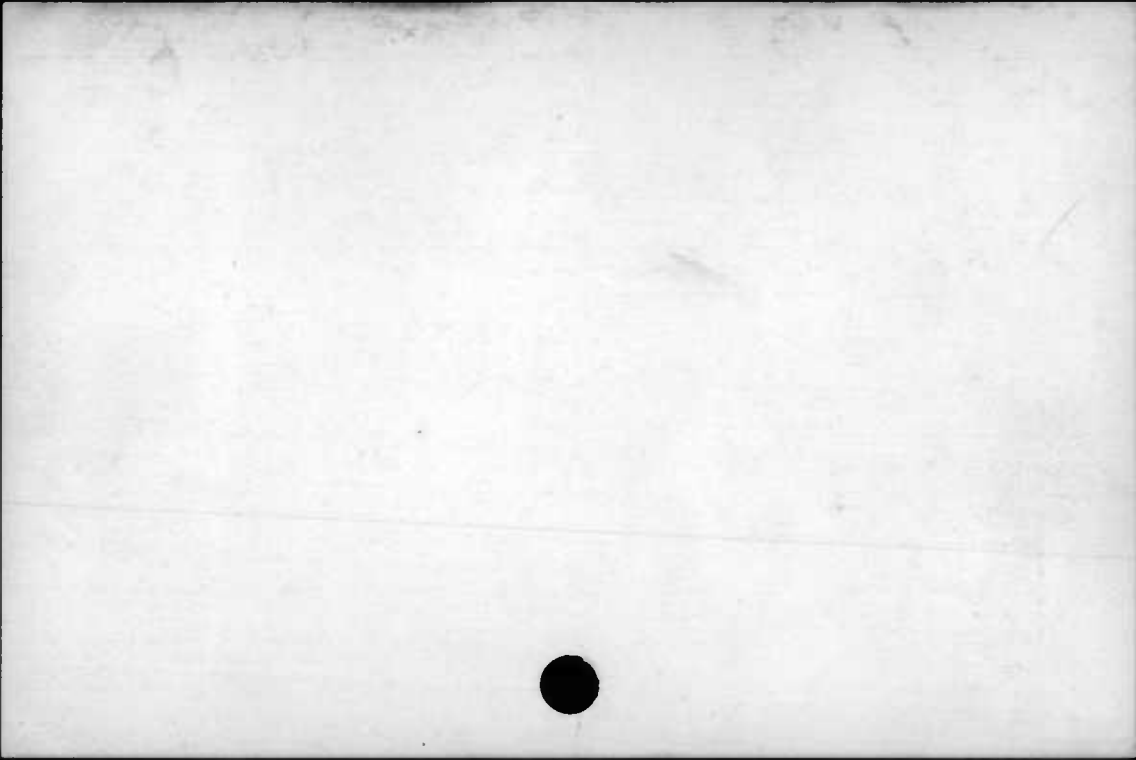
yes

Signature of Physician

Address

Merby C. Shets
Glenville
York Co., Pa.

Accident or Suicide?



Name in Full		Town		County		CERTIFICATE OF DEATH			
622 TO BE ANSWERED BY NEAREST FRIEND		Infant Child		Doddson		MARYLAND			
Died at		Westminster		Carroll					
Date of death		1905		May		19		Age	
Sex		Male		Color or Race		White		Birth-place	
Occupation				Where Residing if not at place of death		Maryland			
Married, Single or Widowed				Name of Wife or Husband					
Father's Name		Joseph Dodder		Father's Birthplace		Maryland			
Mother's Maiden Name		Mary Gelisick		Mother's Birthplace		do			
Name of person giving information		Joseph Dodder		How related to deceased		Father			
CAUSES OF DEATH									
Primary		Still born		How long					
Immediate				How long					
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		J. J. H. H.			
				Address		Westminster			
Accident or Suicide?									

St Johns
Shaver

Name in Full		William Edwards				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Westminster	County Carroll		MARYLAND	
	Date of death		1905	Month May	Day 6	Years 30	Months 4
	Sex		Male		Color or Race	Colored	
	Occupation		Cook		Birth-place	Carroll Co	
	Where Residing if not at place of death		Iowa				
	Married, Single or Widowed		Married		Name of Wife or Husband		
PHYSICIAN OR CORONER	Father's Name		Nelson Edwards		Father's Birthplace		Fredk. Co
	Mother's Maiden Name		Frank's Alford		Mother's Birthplace		Carroll ..
	Name of person giving information		Nelson Edwards		How related to deceased		Father
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis			How long	
	Immediate		Hemorrhage			How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
	Accident or Suicide?				Chas R. Foutz Westminster Md.		

Wellsworth. C. C. W.
Stones.

Name in Full Samuel Erb		County Carroll		CERTIFICATE OF DEATH	
Died at Near Westminster		Town Carroll		MARYLAND	
Date of death 1905		Month May		Day 9	
Age 73		Years 8		Months 12	
Sex Male		Color or Race White		Birth-place Carroll Co Md	
Occupation Farmer		Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Ellen C. Erb			
Father's Name John Erb		Father's Birthplace Carroll Co			
Mother's Maiden Name Annie Weckert		Mother's Birthplace " "			
Name of person giving information Ellen C. Erb		How related to deceased Wife			
CAUSES OF DEATH					
Primary Struck by train		How long 166			
Immediate Are the name, age, sex, color, date and place correctly given above?		How long 166			
Signature of Physician William Moon		Address Westminster			
Accident or Suicide? Accident		Acting Coroner Westminster			

St. Benjamins.

Name
in
Full

Allen Franklin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Westminster

County Carroll

MARYLAND

Date of death 1905 May

Day 2

Age Years 70

Months 1

Days 2

Sex Male

Color or Race Colored

Birth-place Carroll Co

Occupation Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed MarriedName of Wife or
Husband Eliza Fu Franklin

Father's Name Jackson Franklin

Father's Birthplace Dover, N. H.

Mother's Maiden Name Hannah Smith

Mother's Birthplace

Name of person giving
information Eliza FranklinHow related
to deceased Wife

CAUSES OF DEATH

Primary

Chronic Nephritis

How long

3 or 4 Mos.

Immediate

Asthma - Exhaustion

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

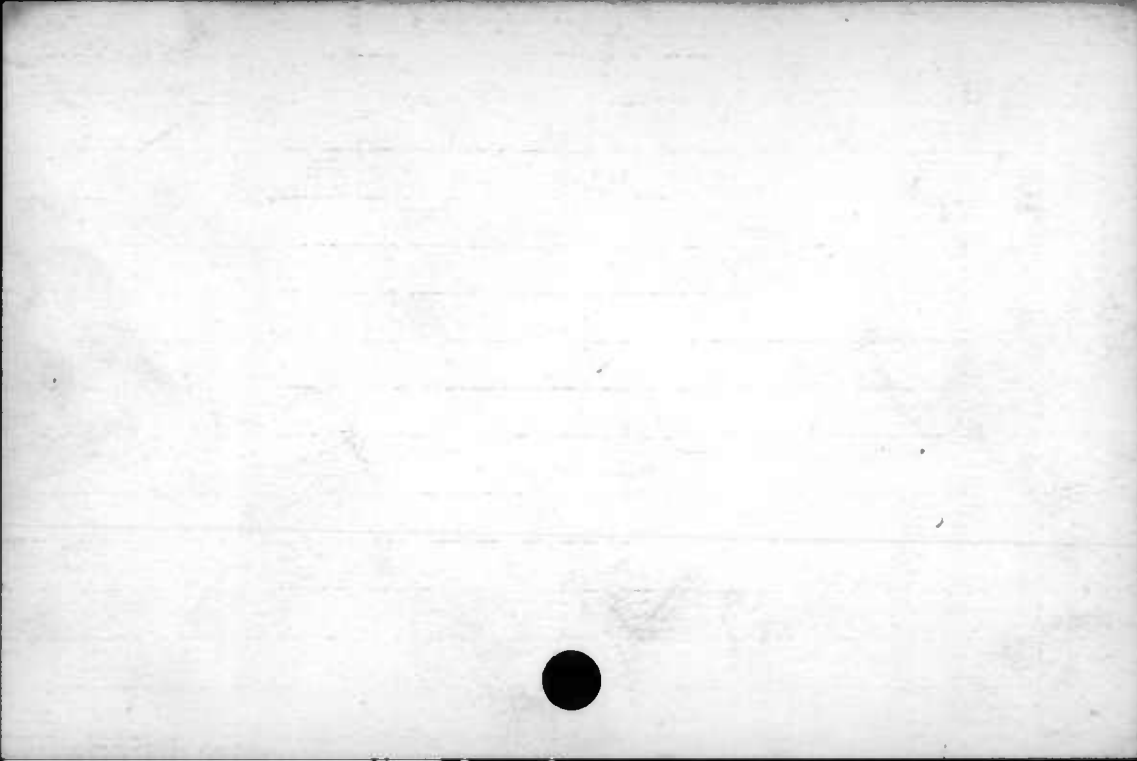
Chas. R. Foutz

Address

Westminster
Maryland

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Edmond Fulmerman

CERTIFICATE OF DEATH

626

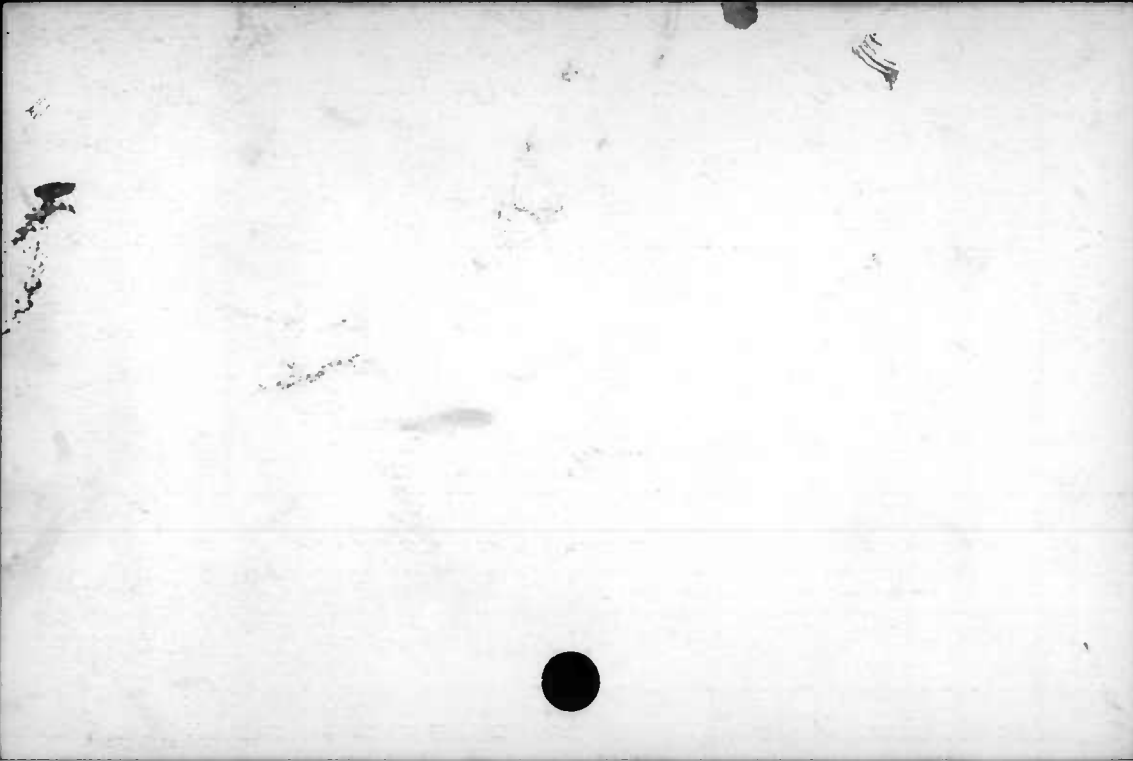
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1905	Month	May	Day	31	Age	Years _____ Months _____ Days <i>5 hours</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Carroll Co</i>
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed		<i>Single</i>		Name of Wife or Husband _____			
Father's Name		<i>Harry Fulmerman</i>				Father's Birthplace <i>Carroll Co</i>	
Mother's Maiden Name		<i>Elizabeth McCarley</i>				Mother's Birthplace <i>Balto Co,</i>	
Name of person giving information		<i>Harry Fulmerman</i>				How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cyanosis</i>	How long	<i>2 hr</i>
Immediate	<i>"</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Jos. D. King</i>	
		Address <i>Westminster</i>	
Accident or Suicide? <i>—</i>		<i>249</i>	



Name
in
Full

Anna Mary Gunther

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Westminister Town Carroll County
Date of death 1905 May 19 Age 53 Months 1 Days 12
Sex Female Color or Race White Birth-place Maryland
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Widow Name of Wife or Husband Christian A. Gunther
Father's Name Powel Giggard Father's Birthplace Germany
Mother's Maiden Name Susan E. Giggard Mother's Birthplace do
Name of person giving information George Gunther How related to deceased Son

CAUSES OF DEATH

Primary Apoplexy ☒ How long 3 day
Immediate Heimorrhage ☒ How long 3 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Dr. E. Smith
Westminister
Md.

Levins chumel

Levins chumel

Name
in
FullMary Elizabeth ~~Anders~~ Harbaugh

CERTIFICATE OF DEATH

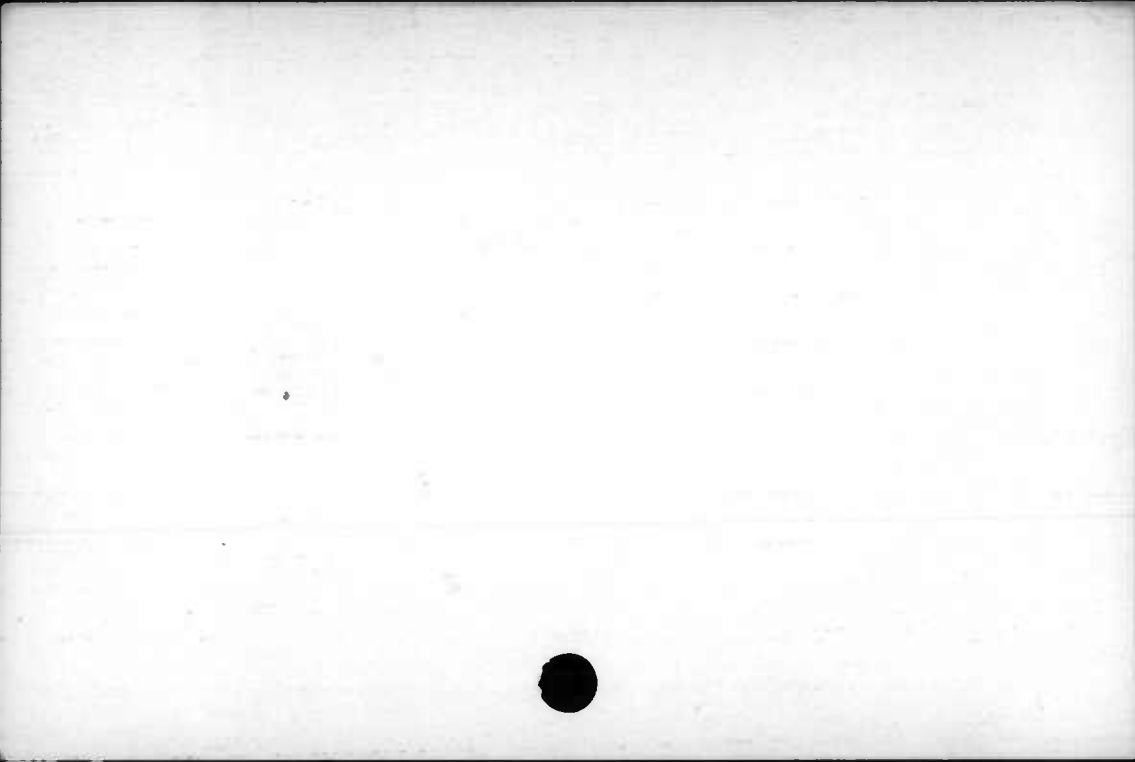
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Middleburg</i>		^{County} <i>Carroll</i>		MARYLAND	
Date of death	1905	Month	<i>May</i>	Day	<i>9</i>
Age		Years	<i>72</i>	Months	
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Frost Co. Md.</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband <i>Sam^l Harbaugh - (deceased)</i>			
Father's Name	<i>Jacob Anders</i>			Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic renal Catarrh & age</i>	How long	<i>Yes. Catarrh 15 yrs</i>
Immediate	<i>General debility</i>	How long	<i>6 Months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>C. H. Miller</i>
Yes		Address	<i>D. P. Creswell</i>
Accident or Suicide?		<i>Maryland</i>	



Name
in
Full

Pauline Memorial Helwig

CERTIFICATE OF DEATH

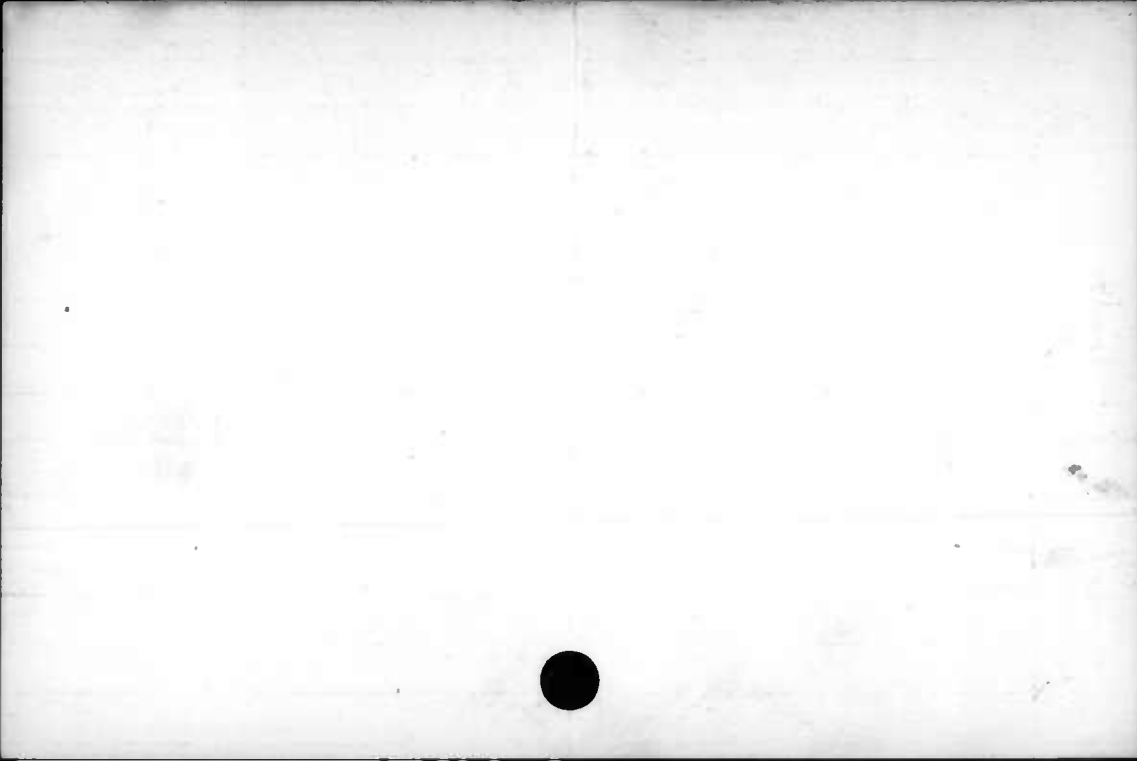
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Silver Run		County		Carroll		MARYLAND	
Date	Month	Day	Age	Years	Months	Days			
of death 190	5	5	26	—	11	26			
Sex	Female		Color or Race	White		Birth-place	Silver Run		
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name	Andrew P. Helwig					Father's Birthplace	Pleasant Valley		
Mother's Maiden Name	Martha Shuey					Mother's Birthplace	Lyons		
Name of person giving information				None		How related to deceased	None		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Intentional	How long	
Immediate	convulsions	How long	10 Hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr. J. S. Marshall	
Address		Silver Run Md.	
Accident or Suicide?			



Name
in
Full

Conrad King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ridgelyville</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1905	Month <i>May</i>	Day <i>25</i>	Age <i>93</i>	Months <i>5</i> Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband				
Father's Name <i>John L King</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Anna Marie</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Louis King</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old Age</i>	How long	
Immediate	<i>Old Age</i>	How long	<i>5 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>L J Lewis</i>	
		Address <i>Antary Md</i> <i>Under Taper</i>	
Accident or Suicide?			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Sykesville* TownCounty *Carroll*Date of death *6-1-1906* Month *May* Day *1*Age *65* Years

Months

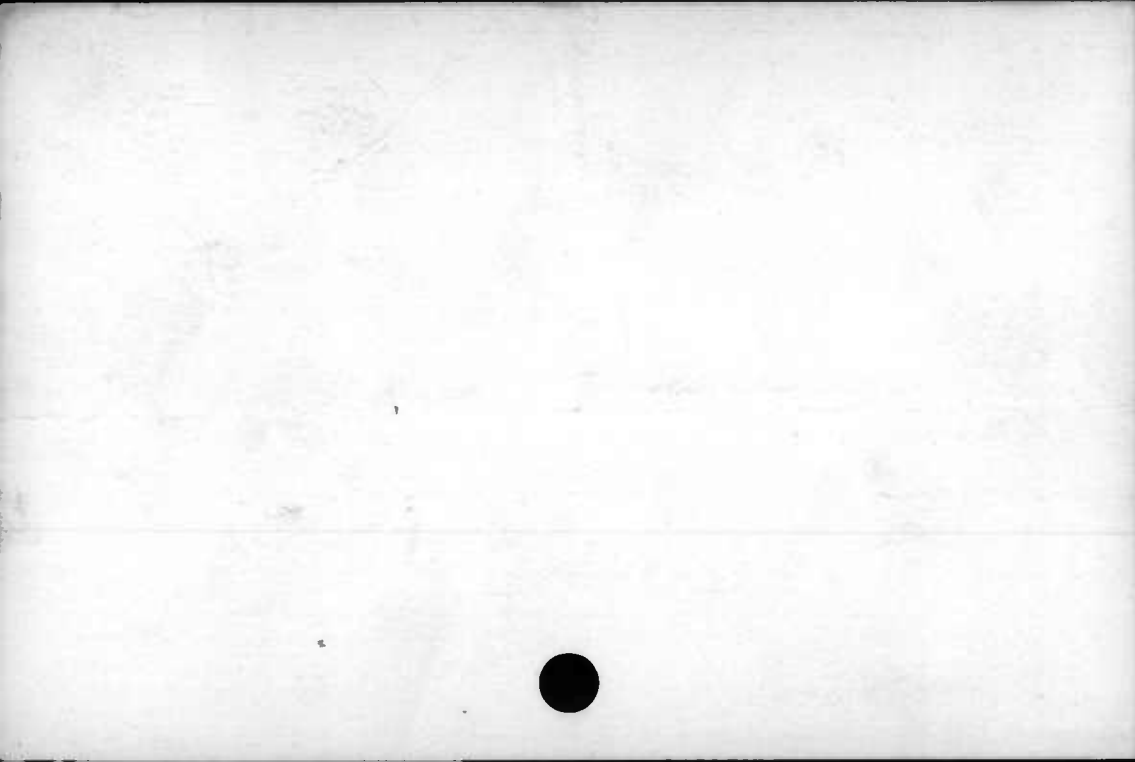
Days

Sex *Male*Color or Race *White*Birth-place *Md.*Occupation *Farmer*Where Residing if not
at place of death~~Married~~ *Widowed*Name of Wife or
HusbandFather's Name *?*Father's Birthplace *?*Mother's Maiden Name *?*Mother's Birthplace *?*Name of person giving
Information *Dan McCollister*How related
to deceased *son*

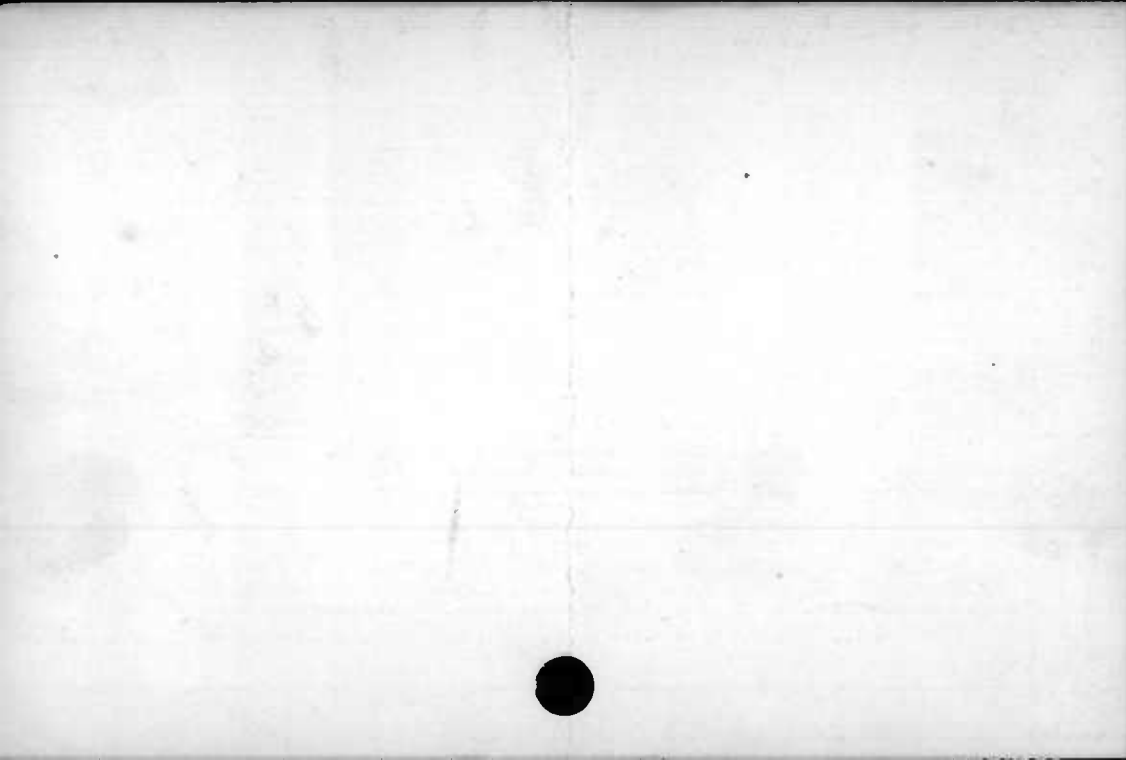
CAUSES OF DEATH

Primary *Pneumonia*How long *1 yr*Immediate *Exhaustion*How long *1 month*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of Physician *W. C. Shinn M.D.*Address *Sykesville Md*

Accident or Suicide?



Name in Full Amanda Mercier		CERTIFICATE OF DEATH			
Died at Town Morgan County Carroll		MARYLAND			
Date of death 1905 Month May Day 31 Age 92 Years Months 5 Days 20					
Sex Female Color or Race white Birth-place Carroll Co.					
Occupation House wife Where Residing if not at place of death Morgan					
Married, Single or Widowed Widowed Name of Wife or Husband Gustavus Mercier					
Father's Name Thomas Beasman Father's Birthplace Carroll Co.					
Mother's Maiden Name Mary Elder Mother's Birthplace Carroll Co.					
Name of person giving information Virginia B Reynolds How related to deceased Daughter					
CAUSES OF DEATH					
Primary Senile Debility How long 3 1/2 yrs.					
Immediate Senile Debility How long 3 1/2 yrs.					
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician E D Leroux			
		Address Winfield Carroll Co Md.			
Accident or Suicide?					



Name
in
Full

Theodore J. Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fayzelsburg</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>17</i>	Age <i>38</i>	Months <i>8</i>	Days <i>26</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Koontz</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mattie Myers</i>				
Father's Name <i>Jacob Myers Jr</i>	Father's Birthplace <i>Carroll Co</i>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <i>Mattie Myers</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Heart Disease</i>	How long <i>A few years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jacob Kinchard Jr</i>
	Address <i>Fayzelsburg</i>
	<i>Carroll Co Md</i>
Accident or Suicide?	

St Benjamin's

Name
in
Full~~George C. Reese~~

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

617

Died at <u>Cranberry</u> Town		<u>Carroll</u> County		MARYLAND		
Date of death	1905	Month	May	Day	11	
				Age	19-	
				Months	7	
				Days	3	
Sex	<u>male</u>		Color or Race	<u>white</u>	Birth-place	<u>md.</u>
Occupation	<u>Farmer</u>		Where Residing if not at place of death			
Married, Single or Widowed	<u>single</u>		Name of Wife or Husband			
Father's Name	<u>Asa Loomis Reese</u>			Father's Birthplace	<u>md.</u>	
Mother's Maiden Name	<u>Eliza Staussbury</u>			Mother's Birthplace	<u>md.</u>	
Name of person giving information	<u>Mattie Reese</u>			How related to deceased	<u>Cousin</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Gun Shot Wound</u>	How long	
Immediate	<u>Gun Shot Wound</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Chas. R. Foutz,</u>
		Address	<u>Westminster</u>
			<u>md.</u>
Accident or Suicide?	<u>suicide</u>		

St. Bernard

Name
in
Full

CERTIFICATE OF DEATH

Bessie D Shaner

620

TO BE ANSWERED BY
NEAREST FRIEND

Died at Patafisco <small>Town</small>		Carroll <small>County</small>		MARYLAND	
Date of death 1906 <small>Year</small>	May <small>Month</small>	11 <small>Day</small>	21 <small>Years</small>	— <small>Months</small>	— <small>Days</small>
Sex Female	Color or Race White	Birth-place Maryland			
Occupation —		Where Residing if not at place of death —			
Married, Single or Widowed Married	Name of Wife or Husband George J. Shaner				
Father's Name Lewis Arnold	Father's Birthplace Maryland				
Mother's Maiden Name Margaret Arthur	Mother's Birthplace Do				
Name of person giving information Geo J. Shaner		How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Purpural Septicemia	How long 6 days
Immediate Hypertension	How long —
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Wm D Wells
	Address Westminster
Accident or Suicide?	

Sunday Mourn

Name
in
Full

Ephraim A. Shue

CERTIFICATE OF DEATH

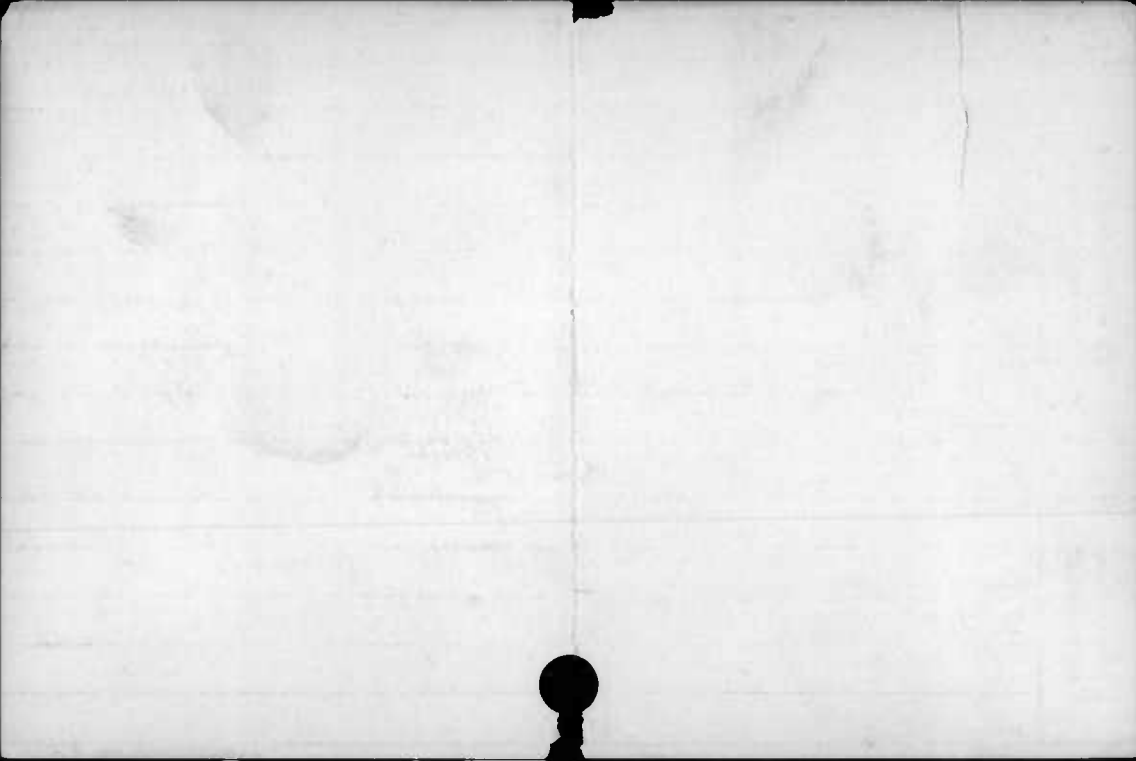
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hampstead</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death 190 <u>5</u>	<u>5</u> ^{Month}	<u>26</u> ^{Day}	Age <u>67</u> ^{Years}	<u>9</u> ^{Months}	<u>17</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Married, Single or Widowed <u>Married</u>		Occupation <u>Undertaker</u>			
Name of Wife or Husband <u>Mary Shue</u>					
Father's Name _____			Father's Birthplace _____		
Mother's Maiden Name _____			Mother's Birthplace _____		
Name of person giving information <u>Graville Shue</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Uraemic Convulsions</u>	How long <u>10</u>
Immediate <u>Cerebral Hemorrhage</u>	How long <u>2 da</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Edgar M. Beecher</u>
	Address <u>Hampstead, Md</u>
Accident or Suicide? _____	



Name
in
Full

Bridget Silk -

CERTIFICATE OF DEATH

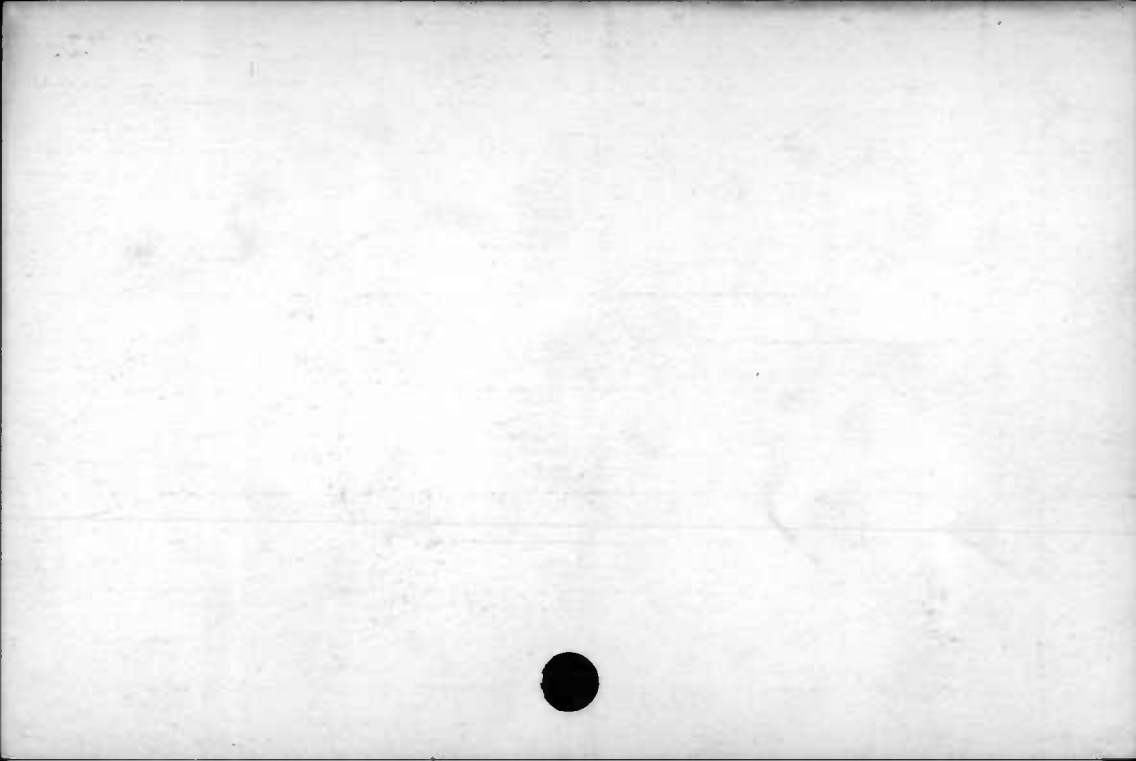
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sykesville</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death	<i>1903</i>	Month	<i>May</i>	Day	<i>23rd</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Years	<i>58</i>
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>Springfield State Hospi.</i>		Months	
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>unknown</i>		Days	
Father's Name <i>unknown</i>		Father's Birthplace <i>-</i>			
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>-</i>			
Name of person giving information <i>-</i>		How related to deceased <i>-</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Arterio-sclerosis -</i>	How long	<i>?</i>
Immediate	<i>Cerebral Abscess</i>	How long	<i>?</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes -</i>		Signature of Physician <i>Charles J. Hill - M.D.</i>	
Address <i>Springfield State Hospital</i>			
Accident or Suicide? <i>No -</i>		<i>Sykesville - Carroll Co. Md.</i>	



Name in Full

Certificate of Death

Mamie Viola Webster

Town

County

Died at

MARYLAND

Date 1885-

Month

Day

Y.

M.

D.

Native of

Occupation

May 21

Age

1

28

Maryland

X

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Mother's Name

Othman E Webster

Sarah C Walker

Cause of

Primary

Dentition and

How long sick

3 weeks

Death

Immediate

Complications

Accident, Suicide, Homicide

Reported by

Address

J H Sherman M.D.

Manchester Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998



Name
in
Full

Margaret Wentz
near Linboro Carroll

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 190

Month

Day

Years

Months

Days

5 May

4

Age

76

Sex

Female

Color or
Race

white

Birth-
place

NH

Married, Single
or Widowed

Widow

Occupation

Name of Wife or
Husband

Edward Wentz

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
information

How related
to deceased

CAUSES OF DEATH

Primary

Paralysis

How long

6 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

G F W Miller
Linboro, New Hampshire

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

618

John Woodyard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Westminister

Town

Carroll

County

Date of death 1905 May

Month

Day

Age

Years

Months

Days

Sex

Male

Color or
Race

colored

Birth-
place

Md.

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

Mary Simpson

Father's
Name

Reuben Woodyard

Father's
Birthplace

Md.

Mother's
Maiden Name

Simpson

Mother's
BirthplaceName of person giving
information

Helen Woodyard

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Tuberculosis of Lungs

How long

6 Mo.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Chas. R. Foutz

Westminister

Md.

Accident or Suicide?

Ellsworth